March – April, 2000

Arizona Health Care Cost Containment System

ENCOUNTER KEYS

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Reference Table Changes

ADDITIONS

The following three (3) codes have been added to the AHCCCS PMMIS system with a daily limit of 999, and an effective begin date of 01/01/2000.

J7198 – Anti-inhibitor; per i.u.

J7199 – Hemophilia clotting factor, not otherwise classified

Q0187 – Factor VIIA (coagulation factor, recombinant) per 1.2 mg

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99270 & 93271 – Patient demands single or multiple event recording with pre-symptom memory loop now has a minimum age 000 and maximum age 999

****

72198 – Magnetic Resonance Angiography, pelvis, with or without contrast material has added two new modifiers.

- TC – technical component
- 26 – professional component

NOTE: Service limit restrictions and other information may be found on the AHCCCS PMMIS RF113 screen.

REPLACED CODES

The Laparoscopy section of the Current Procedural Terminology (CPT) 2000 book has been deleted. These codes are now listed in each organ system.

The following are the gynecology/sterilization changes:

- 56301 – Laps, surgical; with fulguration of oviducts, to report, use 58670
- 56302 – Laps, surgical; with occlusion of oviduct, to report, use 58671
- 56307 – Laps, surgical; with removal of adnexal structures, to report, use 58661
- 56308 – Laps, surgical; with vaginal hysterectomy, to report, use 58550

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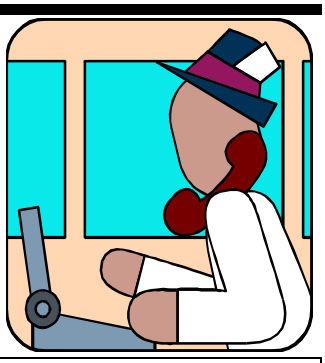


"Sometimes I want to clean up my desk and go out and say, respect me, I'm a respectable grown –up, and other times I just want to jump into a paper bag and shake and bake myself to death."
Wendy Wasserstein

Dilemmas!

For the months of March and April, pended encounters with the following error code conditions will not be sanctioned.

P210 - IHS service providers are fee for service only

S385 - Service Units Exceed Maximum Allowed (only the 80000 procedure codes and the Dental codes)

T020 - Accommodation Days Spanning More Than 2 Tiers

U505 - DOS Cannot Span Contract Year

U330 - ICD-9 Procedure 1 and date not both present

U335 - ICD-9 Procedure 2 and date not both present

"Wrinkles should merely indicate where smiles have been"

Mark Twain

REVISIONS

DAILY LIMIT CHANGES

Codes	Description	New Daily Maximum
E1340	Repair or nonroutine service for durable medical equipment	32
W2351	Group Therapy/15 min, (Behavioral Health)	16
W2051	Evaluation Psychologist (Behavioral Health)	06
88307	Level V – Surgical Pathology, Gross & Microscopic Examination	10
D2110	Amalgam one surface primary	12
D2120	Amalgam two surface primary	12
D2140	Amalgam one surface permanent	12
D2150	Amalgam two surface permanent	12
D2330	Resin one surface anterior	12
D2331	Resin two surfaces anterior	12
D2332	Resin three surfaces anterior	12
D2335	Resin-Four or more Surfaces or Involving Incisal Angle	12
D2380	Resin-One Surface, Posterior-Permanent	12
D2381	Resin-Two Surfaces, Posterior Primary	12
D2385	Resin-One Surface, Posterior-Permanent	12
D2386	Resin-Two Surfaces, Posterior-Permanent	12
D2387	Resin-Three or More Surfaces, Posterior Permanent	12
D2930	Prefabricated Stainless Steel Crown Primary Tooth	20
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	05
D2932	Prefabricated Resin Crown	05
D2933	Prefabricated Stainless Steel Crown With Resin Window	05
D2940	Sedative Filling	10
D7120	Each additional tooth extraction	20
D7510	Incision and Drainage Of Abscess-Intraoral Soft Tissue	02

Multiple Surgical Procedures

The procedure code 21406 – Open treatment of fracture of orbit, except "blowout"; without implant has a daily limit of one (1). **If this code is performed bilaterally, it should be billed with bilateral modifiers, not as two procedures.**

If there are any questions, please contact your Technical Assistant.

CODING CORNER

The Office of the Medical Director (OMD) has reviewed some of the encounters that have been submitted and have found that the method of coding encounters needs to be discussed. A few of the questions raised are listed below.

Question – Can I bill code 35372 (bilateral femoral endarterectomies) with 2 units?

Answer –This code is to be billed bilaterally, or with a 50 modifier, not as 2 units.

Question – Can I bill codes 25260 – 25316 with multiple units?

Answer – These codes are for "each" tendon, etc. Yet they are still subject to multiple surgery rules. Code 25260 should be billed with one (1) unit and then 25260-51 x 7 units each additional tendon. The multiple surgery modifier will allow the additional tendons at 50%.

Another example can be seen with the procedure code 64856 – suture of nerve. Each additional suture should have a 51 modifier for multiple surgery.

CHANGE IN CATEGORY OF SERVICE FOR PHYSICIANS

Effective on and after dates of service 10/01/98 the procedure codes W2101 – Methadone/ Laam Administration (Single dose) and W2102 – Methadone Take Home Administration have been added to the Provider Type 08 (Physicians) and 31 (DO-Physician Osteopath). These codes now have Category of Service 01 (Medicine).

"No man, for any considerable period, can wear one face to himself, and another to the multitude, without finally getting bewildered as to which may be the true."

DISCHARGE HOUR REQUIRED ON INPATIENT ENCOUNTERS

The discharge hour field became effective for Dates of Service on and after 10/01/1998. A common mistake is to use the value "00" as the default for an unknown hour, instead of "99". **The value "00" is midnight. For further reference, please refer to the Uniform Billing UB-92 Manual.**

Using the example below, the discharge hour "00" incorrectly indicates the patient was discharged prior to the admit hour.

BEG-DOS	ADM-HR	END-DOS	DIS-HR
12/01/1998	11	12/01/1998	00

It should be as follows if the discharge hour is unknown:

BEG-DOS	ADM-HR	END-DOS	DIS-HR
12/01/1998	11	12/01/1998	99

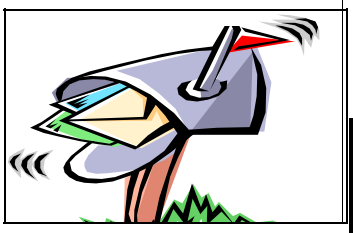
Or like this if the discharge hour was between 11 pm and midnight:

BEG-DOS	ADM-HR	END-DOS	DIS-HR
12/01/1998	11	12/01/1998	23

We're on the Web!
www.ahcccs.state.az.us

E-Mail Address

The Encounter Operations Unit would like to have all of our encounter contacts send in their e-mail address to their respective Technical Assistants. We will keep an updated list for when we need to mail information out to you. Please send your e-mail address promptly.



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UPDATES

To obtain the latest updates on Reference Table changes, procedure code maximum daily limits, the procedure/modifier matrix and the AHCCCSA Fee-For-Service Schedule) please refer to the AHCCCS FTP reference files, or PMMIS reference screens.

Reference data may be obtained from:

\ftp\shareinfo\reference\refer01.zip and
\ftp\shareinfo\reference\refer02.zip

and Provider data may be obtained from:

\ftp\shareinfo\provider\provider.zip and
\ftp shareinfo\provider\profile.zip

Quarterly Meetings

AHCCCSA/Contractor Encounter Quarterly Workgroup Meetings have been tentatively scheduled for:

June 7, 2000,
September 6, 2000,
December 8, 2000, &
March 8, 2001

Please e-mail your topics for these meetings to David Shelburg at dlshelburg@ahcccs.state.az.us

Quarterly Meetings will be held in the Gold Room, 3rd Floor – 701 East Jefferson, Phoenix, AZ

EDI MEETING

An EDI update meeting has been scheduled for April 27th at 10 a.m. in the Arizona Room, 1st floor, 701 E. Jefferson, Phoenix, AZ. Please submit any EDI topics by April 25th to Brent Ratterree at (602) 417-4757 (voice mail), (602) 417-4725 (fax) or rbratterree@ahcccs.state.az.us (e-mail).

NEW EDITS

1. Days Supply is a required data field on form C encounters. A program error was discovered and corrected. Because this is not a new requirement, encounters will pend if the Days Supply field is blank or invalid.

2 Some encounters have been submitted with zeroes in both the Medicare Paid and Allowed Fields when, according to recipient files, Medicare is not the primary payer. Zero filling Medicare Paid and Allowed to bypass Medicare/TPL encounter edits is not appropriate. Encounters submitted with Medicare or other Payer as primary will pend if AHCCCS recipient files indicate AHCCCS is the primary payer. Encounter submissions with Medicare or other Payer as primary requires supporting documentation prior to updating recipient file. If the recipient files are correct, contractor is liable for any eligible sanctions.

3. Encounters submitted with unmatched preventative codes, i.e., well procedure and sick diagnosis or sick procedure and well diagnosis codes, will pend professional (1500) encounters.